ST. NICHOLAS TRANSITIONAL CARE

1601 TAYLOR DRIVE

SHEBOYGAN 53081 Phone: (920) 459-4740 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 15 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/02: 5 Average Daily Census: 7

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care No		Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	100.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74 0.0				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	80.0		100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	20.0	********		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	20.0			- Nursing Staff per 100 Residen		
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	20.0	65 & Over	100.0			
Transportation	No	Cerebrovascular	20.0			RNs	96.0	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	15.5	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.0	Male	40.0	Aides, & Orderlies	43.0	
Mentally Ill	No	I		Female	60.0			
Provide Day Programming for		I	100.0					
Developmentally Disabled No		T.			100.0			
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Method of Reimbursement

		Medicare		_	dicaid tle 19			Other		P.	rivate Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	322	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		5	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of $12/$	31/02
Deaths During Reporting Period	.						
					% Needing		Total
Percent Admissions from:	I	Activities of	્રે	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	5
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	5
Acute Care Hospitals	100.0	Transferring	0.0		100.0	0.0	5
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	5
Rehabilitation Hospitals	0.0	Eating	100.0		0.0	0.0	5
Other Locations	0.0	******	******	*****	*****	******	*****
Total Number of Admissions	231	Continence		%	Special Trea	tments	90
Percent Discharges To:	I	Indwelling Or Extern	al Catheter	0.0	Receiving 1	Respiratory Care	0.0
Private Home/No Home Health	43.4	Occ/Freq. Incontinen	t of Bladder	0.0	Receiving '	Tracheostomy Care	0.0
Private Home/With Home Health	27.7	Occ/Freq. Incontinen	t of Bowel	0.0	Receiving :	Suctioning	0.0
Other Nursing Homes	8.5				Receiving (Ostomy Care	20.0
Acute Care Hospitals	8.5	Mobility			Receiving '	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving I	Mechanically Altered Diets	20.0
Rehabilitation Hospitals	0.0						
Other Locations	11.9				Other Reside	nt Characteristics	
Deaths	0.0	With Pressure Sores		0.0		ce Directives	60.0
Total Number of Discharges		With Rashes		20.0	Medications		
(Including Deaths)	235				Receiving :	Psychoactive Drugs	40.0

	This Other Hospital-		A	11	
	Facility	Based :	Based Facilities		lties
	용	엉	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	46.7	87.4	0.53	85.1	0.55
Current Residents from In-County	100.0	84.3	1.19	76.6	1.30
Admissions from In-County, Still Residing	2.2	15.2	0.14	20.3	0.11
Admissions/Average Daily Census	3300.0	213.3	15.47	133.4	24.75
Discharges/Average Daily Census	3357.1	214.2	15.67	135.3	24.81
Discharges To Private Residence/Average Daily Census	2385.7	112.9	21.13	56.6	42.19
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00
General Medical Service Residents	40.0	21.8	1.84	20.5	1.95
<pre>Impaired ADL (Mean) *</pre>	48.0	48.9	0.98	49.3	0.97
Psychological Problems	40.0	51.6	0.77	54.0	0.74
Nursing Care Required (Mean) *	7.5	7.4	1.01	7.2	1.04